



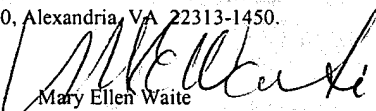
**PATENT**  
Attorney Docket No. **PSORAYA-04922**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Marzook Moady (deceased) by Naseba Moady, heir  
Patent No.: 5,852,060  
Issued: 12/22/98  
Entitled: **Antipsoriatic Compositions, Method Of Making, And Method Of Using**

**Reissue Patent Application Statement As To Loss Of Original Patent**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<b>CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)(1)(i)(A)</b>	
I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
DATED: January 7, 2004	By:  Mary Ellen Waite

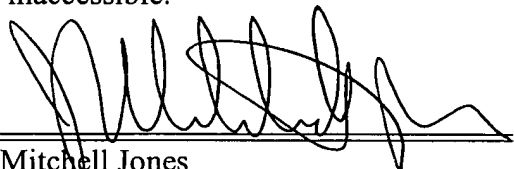
Madam:

I hereby state that:

I am the attorney of record for the reissue patent based on the original patent identified above.

The ribboned original patent grant is lost or inaccessible.

Dated: January 7, 2005

  
\_\_\_\_\_  
J. Mitchell Jones  
Registration No. 44,174

MEDLEN & CARROLL, LLP  
101 Howard Street, Suite 350  
San Francisco, California 94105  
415.904.6500




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Marzook Moady (deceased) by Naseba Moady, Heir  
Serial No.: 09/746,536 Group No.: 1651  
Filed: 12/21/00 Examiner: Witz  
Entitled: Antipsoriatic Compositions, Method Of Making, And Method Of Using

AMENDMENT TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<p align="center"><b>CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)(1)(i)(A)</b></p> <p>I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450</p> <p>Dated: <u>January 7, 2005</u></p> <p>By:  Mary Ellen Waite</p>
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Sir or Madam:

Transmitted herewith is an amendment for this application. The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
Total Claims	51	-	51	0	×	50.00	\$0.00
Independent Claims	13	-	13	0	×	200.00	\$0.00

One Month Extension of Time \$120.00

Small Entity Status Reduction 60.00

**TOTAL DUE \$60.00**

1. Enclosed is a check in the amount of \$60.00 for extension fees.
2. Please charge any additional fees, including any fees necessary for extensions of time, or credit overpayment to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

Dated: January 7, 2005

By:

  
J. Mitchell Jones  
Registration No. 44,174

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608/218-6900